

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 PM 4:00

DOCUMENT # *P99000073383*

1. Corporation Name

D & D Amusements Corp.

700004740257--6

-12/26/01--01103--011

****750.00 ****750.00

2. Principal Office Address

1330 S. Military Trail

Suite, Apt. #, etc.

City & State

W. Palm Beach, FL

Zip

33415

Country

US

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT *01*

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/17/99

5. FEI Number

65 0941848

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Clair Jordan

Street Address (P.O. Box Number is Not Acceptable)

1330 S. Military Trail

Suite, Apt. #, Etc.

City

W. P. Beach, FL

State

FL

Zip Code

33415

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Clair Jordan

REGISTERED AGENT MUST SIGN

Date

12/06/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|----------------------|
| P/D | Jordan, Clair | 1330 S. Military Trail | W.P. Beach, FL 33415 |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *x*

Clair Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-434-0744

CR2E081 (9/00)